patients' scores decreased 67.7% on HAMD-17 and 69.5% on HAMD-7 ($P < 0.05$). Improvements in SNRI-treated patients were similar (64.6% and 63.2%, respectively, $P < 0.05$). There were no significant differences between groups in response rates ($P = 0.45$ for HAMD-17, 0.16 for HAMD-7). Per-protocol (PP) remission rates measured using HAMD-17 at week 8 were 58.3% for SSRI-treated patients (N = 72) and 48.4% for SNRI-treated patients (N = 64, $P = 0.30$). For the HAMD-7 group, PP remissions were 40.4% for SSRIs (N = 57) and 44.4% for SNRIs (N = 81, $P = 0.73$). Intent-to-treat (ITT) remission rates using HAMD-17 were 46.7% for SSRI-treated patients (N = 90) and 39.2% for SNRI-treated patients (N = 79, $P = 0.41$). HAMD-7 ITT remission rates were 33.3% for SSRIs (N = 69) and 36.4% for SNRIs (N = 99; $P = 0.81$). By 8 weeks, 18.9% dropped out in the SSRI group and 18.5% in the SNRI group ($P = 0.95$). **CONCLUSIONS:** Large, randomized, controlled, primary care data are needed to adequately address the question of superiority between SNRIs and SSRIs. Our post –hoc analysis found no significant differences between these two therapeutic groups. Sufficiently powered studies comparing the effectiveness of antidepressant therapies in real-world settings are urgently needed.

**PMH43**

### CLINICAL COMPARISON OF SSRIS AND SNRIS IN MAJOR DEPRESSIVE DISORDER: A META-ANALYSIS

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**OBJECTIVES:** Compare adults treated with SSRIs and SNRIs for major depression. **METHODS:** Identified all head-to-head trials comparing SSRIs (citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline) with SNRIs (venlafaxine-XR, duloxetine) in therapeutic doses. Outcome: remission 12) at 8 weeks. Two reviewers searched ≤ 7 or MADRS ≤ 3 or HAMD-17 ≤(HAMD-7 Medline, Embase and Cochrane databases to identify articles, extract data, adjudicated by a third judge. Rates were combined using random-effects meta-analytic model. Performed Intent-to-Treat (ITT) and Per-Protocol (PP) 2 assessed heterogeneity of effects. **RESULTS:** 25 studies were χ analyses. identified, 19 were rejected; 6 studies provided 7 head-to-head trials of 1345 patients (68.0% females per drug). Five RCTs (N = 1008) and 2 naturalistic trials (N = 337). All displayed non-heterogeneity ($P > 0.05$). ITT Remission rates in RCTs: 49.5% (SE = 6.2%, n = 398) for SNRIs; 39.3% (SE = 10.0%, n = 369) for SSRIs; meta-analytic difference 9.2% (CI95%: 3.0%–15.4%). PP rates—67.8% (SE = 7.5%, n = 297) for SNRIs; 56.5% (SE = 10.9%, n = 269) for SSRIs; meta-analytic difference 9.8% (CI95%:0.2%–19.5%). Naturalistic studies produced ITT rates of 37.6% (SE = 3.6%, n = 178) for SNRIs; 40.2% (SE = 6.7%, n = 159) for SSRIs; a non-significant ($P = 0.69$) difference of 2.1% favoring SSRIs. PP rates 46.2% (SE = 4.1%, n = 145) for SNRIs; 49.6% (SE = 9.0%, n = 129) for SSRIs; a difference of 2.9% ($P = 0.68$) favoring SSRIs. ITT remission rates were 46.2% (SE = 5.1%, n = 737) for SNRIs; 39.5% (SE = 7.2%, n = 608) for SSRIs; meta-analytic difference of 6.5% (CI95%: 0.2%–12.8%). PP rates were 61.8% (SE = 6.9%, n = 571) and 54.5% (SE = 8.1%, n = 450); meta-difference was 6.4% ($P = 0.13$). **CONCLUSIONS:** SNRIs seem more efficacious. Naturalistic studies produced non-significant results differing from RCT results.

**PMH44**

### DULOXETINE AND VENLAFAXINE-XR IN THE TREATMENT OF MDD: A META-ANALYSIS OF RANDOMIZED CLINICAL TRIALS

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**OBJECTIVES:** To compare indirectly the efficacy and safety of duloxetine and venlafaxine-XR, the two currently available serotonin-norepinephrine reuptake inhibitors (SNRIs) in treating major depressive disorder. **METHODS:** Outcomes from published, randomized, placebo-controlled trials reporting on moderately-to-severely depressed patients [Hamilton Rating Scale for Depression (HAM-D) ≥ 15]. A systematic literature search was performed (1996–January 2005) on Cochrane, EMBASE and MEDLINE databases. Two independent reviewers judged the trials for acceptance. Last Observation Carried Forward (LOCF) data were extracted. Differences in remission (8-week HAM-D score ≤7), response (50% decrease on HAM-D), and dropout rates from lack of efficacy (LOE) and adverse events (AEs) were meta-analyzed using a random effects model. Each rate was contrasted from placebo. **RESULTS:** Data were acquired from 8 trials from 1754 patients for efficacy and 1791 patients for discontinuation/safety. Venlafaxine-XR rates were 17.8% (CI95%: 9.0%–26.5%) and 24.4% (CI95%: 15.0%–37.7%) greater than placebo for remission and response, compared to 14.2% (CI95%: 8.9%–26.5%) and 18.6% (CI95%: 13.0%–24.2%) for duloxetine. Although numerically higher for venlafaxine-XR, no statistically significant differences were found between drugs, however, both demonstrated overall remission and response rates significantly higher than placebo ($p < 0.001$). Dropout rates due to AEs were, contrasted with placebo, for venlafaxine-XR 6.1% (CI95%: 2.5%–9.7%) and for duloxetine 5.7% (CI95%: 1.5%–10.0%) greater than placebo. Dropout rates due to LOE were for venlafaxine—XR 10.7% (CI95%: 6.4%–15.1%) and for duloxetine 11.1% (CI95%: 6.3%–15.9%) less than placebo. Again, when the two drugs were compared, no statistically significant difference was found for both dropout rates. Reported adverse events were comparable between drugs. **CONCLUSIONS:** Venlafaxine-XR tends to have a favorable trend in remission and response rates compared to duloxetine, but for dropout rates and AE these agents did not differ. A direct comparison is warranted to confirm this tendency.

**PMH45**

### COST EFFECTIVENESS OF DULOXETINE COMPARED WITH VENLAFAXINE-XR IN THE TREATMENT OF MAJOR DEPRESSIVE DISORDER

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**OBJECTIVES:** To determine the cost effectiveness of a new reuptake inhibitor, when compared with -XR in treating major depressive disorder. **METHODS:** A cost effectiveness analysis, using a decision tree modeled outpatient treatment over six months. Analytic perspectives were those of society (all direct and indirect costs) and the Ministry of Health of as payer for all direct costs. Rates of success and dropouts were obtained from a meta-analysis of placebo-controlled trials. Costs were taken from standard lists, adjusted to 2005 Canadian dollars; discounting was not applied. One-way sensitivity analyses were performed on monthly acquisition costs and success rates; Monte-Carlo analysis examined all parameters over 10,000 iterations. **RESULTS:** From both perspectives, outcomes all numerically-XR (Expected success = 53% and 57%, Symptom-free